

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10805798 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X					
2						
3						
4	X					
5						
6	X					
7						
8	X					
9						
10	X					
11						
12	X					
13						
14	X					
15						
16						
17						
18						
19	X					
20						
21	X					
22						
23						
24						
25						
26						
27						
28	X					
29						
30						
31						
32						
33						
34						
35						
36						
37	/					
38	/					
39	/					
40	/					
41						
42	/					
43	/					
44	/					
45	/					
46	/					
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	9					
TOTAL CLAIMS	11					

CLAIMS	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
55								
56								
57								
58								
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97								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								